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Starley Starley

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: JE Relocation Corporation)
DOC	UMENT NUMBER: 207 0000 51127
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Contact Person)
	(Name of Contact Person)
	(Firm/Company)
	10904 000 84 200 (Address)
	(Address)
	City/State and Zip Code)
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	Name of Contact Person) at (305) 458-2107 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ovisions of sections 607.0502, 617.0502, 6 ge is submitted for a corporation organized	under the laws of the State o	1 Florida
	to change its registered office or registered		Florida.
1. The name of the	e corporation: $JERelocar$ ffice address: $IOROS$ NW	TION COrp.	
2. The principal of	ffice address: 10805 NW) 54 2N	
	MIONI FO	99178	
3. The mailing add			
4. Date of incorpo	ration/qualification: 435 200	Document number: Po-	10000 5/127
	treet address of the current registered agent ment of State: Sign (Treet)	and registered office on file	with the
	John F Escaba	R	
	1080% NW 84 LA		Tivo o
_	MIRAN FE 33178		CREATE TO A
6. The name and s (if changed):	treet address of the new registered agent (if	f changed) and /or registered of	office SSEEF
_	Monora Alvarez		L OR
·	1080; NWS4 Pawe (P.O. Box NOT acceptable)	· ·	Z9
	(P.O. Box NOT acceptable)		
•••	Macr FL 19178		-
as changed will be	of its registered office and the street add e identical. authorized by resolution duly adopted by board, or the corporation has been notific		
Pial			
(Signature	of an officer or director)	John F Este (Printed or typed name a	nd title)
I hereby accept th I further agree to of my duties, and document is beins corporation has b	ne appointment as registered agent and a comply with the provisions of all statutes I am familiar with and accept the obligat g filed merely to reflect a change in the re the notified in writing of this change.	gree to act in this capacity, relative to the proper and c ion of my position as registe gistered office address, I he	omplete performance red agent. Or, if this reby confirm that the
2 mon	and I	0/9/2	007
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ture of Registered Agent)	(Date)	
If signing on beha	alf of an entity:		
Noho	14 Alvave=		
	oed or Printed Name)	- marine	
	* * * PILING PEP.	02E 00 + + + /	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)